

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 8 | 820-0 |
| FORMALITY REVIEW | A.T | 1071 | 09/17/01 |
| RESPONSE FORMALITY REVIEW | pel | 1030 | 10-25-01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
 staple additional sheet here

(LEFT INSIDE)

65-8-5033
 10/25/01
 JM 864
 9/17/01